

***“I Can Go In and Get Freshies Because It Is Healthy For You and Makes You Feel Better”*: The Increasing Aboriginal Peoples’ Use of Services That Reduce Harms from Illicit Drugs Project**

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Background:

Injecting drug use and associated poor physical health outcomes, including higher risk of hepatitis C and HIV, are issues of concern among Indigenous Australians. Exploratory qualitative research with Aboriginal people in Western Australia who inject drugs (consumers) investigated what influences their use of needle and syringe programs (NSP), and identification of opportunities for health promotion/education and improved consumer engagement.

Methods:

An Aboriginal Advisory Group and a Co-Design Working Group were established, comprising four Elders, five Aboriginal consumers, and staff from 16 organisations including government, non-government, research, Aboriginal Community Controlled Health Services, peak bodies, and NSP services. NSP staff recruited and facilitated one-on-one yarning sessions with Aboriginal consumers exploring: barriers and enablers to accessing NSP services, cultural safety of NSPs, language used for drugs or equipment, reusing or sharing equipment, and where consumers access sterile equipment.

Results:

Twenty-one Aboriginal adult consumers (11 males, 10 females) participated in the yarning sessions. Findings included being street present ($n=8$), supplying equipment to others ($n=13$), reusing equipment ($n=15$), sharing others’ equipment ($n=8$), sharing own equipment with others ($n=12$), and using multiple NSPs ($n=12$). Reasons for not accessing NSP services included shame, lack of anonymity, obtaining equipment from other consumers, locations and opening hours. Motivators for accessing NSPs included wanting to use sterile equipment, rapport with staff, referral by friends or family, incentives, free equipment, information, and support. Community education and raising awareness about harm reduction services, holistic models of service delivery, workforce education and training, increasing service availability, and a peer referral program were identified as intervention areas.

Conclusion:

Yarning sessions demonstrated that insight from Aboriginal consumers is essential for identifying the needs of themselves and their local drug using community, including interventions to improve access to NSPs. Interventions should be co-designed with Aboriginal consumers considering local needs, language, and service availability.

Disclosure of Interest Statement:

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